



## ***Division of Consolidated Laboratory Services Internship Reference Form***

***To be completed by an academic professional with knowledge of the applicant's coursework or lab work. Reference form must be mailed in a signature sealed envelope with the application packet to the address listed below.***

*The applicant listed below has applied for an internship at the Virginia Division of Consolidated Laboratory Services (DCLS). The applicant has given your name as a reference. Please rate the applicant with respect to each of the qualifications listed. Thank you in advance for your honest assessment of the applicant.*

***Applicant Name:*** \_\_\_\_\_

***Reference Name/Title:*** \_\_\_\_\_

***Reference Email:*** \_\_\_\_\_

***Relationship of Reference to Applicant:*** \_\_\_\_\_

<b><i>Qualification</i></b>	<b><i>Excellent</i></b>	<b><i>Good</i></b>	<b><i>Fair</i></b>	<b><i>Poor</i></b>	<b><i>Unable to Rate</i></b>	<b><i>Comments</i></b>
<b><i>Honesty/Integrity</i></b>						
<b><i>Maturity</i></b>						
<b><i>Dependability</i></b>						
<b><i>Self-discipline</i></b>						
<b><i>Ability to work in a team environment</i></b>						
<b><i>Work Attitude</i></b>						
<b><i>Oral and written communication skills</i></b>						
<b><i>Ability to follow instructions</i></b>						
<b><i>Aptitude for lab work</i></b>						

[illegible]**Mailing Address:**